

## **APPLICATION DATA SHEET**

### **APPLICATION INFORMATION**

Application Number:	Unknown
Filing Date:	October 28, 2003
Application Type:	New Application
Subject Matter:	Utility
Suggested Classification:	
Suggested Group Art Unit:	
CD-ROM or CD-R?:	None
Number of CD Disks:	
Number of Copies of DCs:	
Sequence Submission?:	
Computer Readable Form (CRF)?	No
Number of Copies of CRF:	
Title:	Thermally-Responsive Record Material
Attorney Docket Number:	6524
Request for Early Publication?:	No
Request for Non-Publication?:	No
Suggested Drawing Figure:	N/A
Total Drawing Sheets:	0
Small Entity:	No
Latin Name:	
Variety Denomination Name:	
Petition Included:	No
Petition Type:	
Licensed U.S. Govt. Agency:	

Contract or Grant Numbers:

Secrecy Order in Parent Application

**APPLICANT INFORMATION**

Applicant Authority Type:	Inventor
Primary Citizenship Country:	US
Status:	Full Capacity
Given Name:	Mark
Middle Name:	Robert
Family Name:	Fisher
Name Suffix:	
City of Residence:	Appleton
State or Province of Residence:	Wisconsin
Country of Residence:	US
Street of Mailing Address:	322 N. Oneida Street
City of Mailing Address:	Appleton
State or Province of Mailing Address:	Wisconsin
Country of Mailing Address:	US
Postal or Zip Code of Mailing Address:	54911
Applicant Authority Type:	Inventor
Primary Citizenship Country:	US
Status:	Full Capacity
Given Name:	Stacey
Middle Name:	Ann
Family Name:	Justa MacNeil
Name Suffix:	

City of Residence:	Appleton
State or Province of Residence:	Wisconsin
Country of Residence:	US
Street of Mailing Address:	1120 W. Harris Street
City of Mailing Address:	Appleton
State or Province of Mailing Address:	Wisconsin
Country of Mailing Address:	US
Postal or Zip Code of Mailing Address:	54914

### **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:	29,674
Phone:	(920) 991-8661
Fax:	(920) 991-8852
E-Mail Address:	<u><a href="mailto:bmieliulis@appletonideas.com">bmieliulis@appletonideas.com</a></u>

### **REPRESENTATIVE INFORMATION**

Representative Customer Number:
Representative Designation:
Registration Number:
Representative Name:

### **DOMESTIC PRIORITY INFORMATION**

1. Application:  
Continuity Type:
2. Parent Application:  
Parent Filing Date:  
Status:

3. Parent Application:  
Continuity Type:  
Filing Date of Provisional:
4. Related Application:  
Filing Date:  
Status:

**ASSIGNEE INFORMATION**

Assignee Name:	Appleton Papers Inc.
Street Mailing Address:	825 E. Wisconsin Avenue
City of Mailing Address:	Appleton
State or Province of Mailing Address:	Wisconsin
Country of Mailing Address:	US
Postal or Zip Code of Address:	54911